



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>7-18-05</u> to <u>5-23-05</u> <small>Mo Day Year Mo Day Year</small>	
1. Committee I.D. Number <u>137569</u> 2. Committee Name <u>CTE</u> <u>Brian White</u>	4. Candidate Last Name <u>White</u> First Name <u>Brian</u> M.I. _____ 4a. Office Sought Including District # or Community Served (If applicable) <u>WARREN CONSOLIDATED SCHOOLS BOARD OF ED TRUSTEE</u> 4b. County of Residence <u>MACOMB</u>
5. Committee's Mailing Address <u>2187 KOPEL DRIVE</u> <u>STERLING HTS MI 48310</u> Area Code and Phone <u>586 795 8140</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address <u>Brian White</u> <u>2187 KOPEL DR, STERLING HTS MI 48310</u> Area Code & Phone <u>586 795 8640</u>
7. Treasurer's Business Address <u>11500 W. 11 MILE</u> <u>LATHROP VILLAGE, MI 48076</u> Area Code and Phone <u>248 569 5500</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> General <input checked="" type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus <u>5-03-05</u> <small>Month Day Year</small>	
9c. <input type="checkbox"/> Annual Statement (Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution <div style="text-align: center;"> <u>Month Day Year</u> </div> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Current Treasurer or Designated Record keeper <u>Brian White</u> <small>Type or Print Name</small> </div> <div style="width: 45%;"> <u>Brian White</u> <small>Signature</small> </div> </div> <div style="text-align: right;"> Date <u>5-23-05</u> <small>Mo Day Year</small> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Candidate <u>Brian White</u> <small>Type or Print Name</small> </div> <div style="width: 45%;"> <u>Brian White</u> <small>Signature</small> </div> </div> <div style="text-align: right; margin-top: 10px;"> Date <u>5-23-05</u> <small>Mo Day Year</small> </div>	

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 MAY 23 2005 14
 FILED



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 1070.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 1070.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ -0-

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 1070.00

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 679.75

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 2025.61

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 2025.61

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ -0-

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ -0-

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ -0-

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 679.75

b. Owed to the Committee (Schedule 1E)

(12b.) \$

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 997.57

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 1070.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 2067.57

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 2025.61

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 41.96

Column II
Cumulative this election cycle

(18.) \$ 3285.00

(19.) \$ -0-

(20.) \$ 3285.00

(21.) \$ 903.37

(22.) \$ -0-

(23.) \$ 3243.04

(24.) \$ -0-



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-20-05</u></p> <p>Name: <u>WILFRED SMITH</u></p> <p>Address: <u>13710 KENWOOD ST, OAK PARK, MI 48237</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		100.00	100.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-20-05</u></p> <p>Name: <u>ILA GOODMAN</u></p> <p>Address: <u>11041 Broughan Dr, STERLING HILLS MI 48362</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		20.00	20.00
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-20-05</u></p> <p>Name: <u>Jonathan Fielbrandt</u></p> <p>Address: <u>2425 Allenton Rd, Auburn Hills, MI 48226</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		50.00	50.00
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-21-05</u></p> <p>Name: <u>CHARLES WHITE JR</u></p> <p>Address: <u>1986 Romeo, FERNDALE, MI 48220</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		100.00	100.00
Page Subtotal		270.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		270.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137569

2. Committee Name

CTE Brown White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>Lurla White</u> Address: <u>1986 Romeo Ferndale, MI 48220</u> 4. Date of Receipt <u>4-21-05</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	75.00	75.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>CHERYL VICKERS</u> Address: <u>2723 TOWNSEND WARREN, MI 48092</u> 4. Date of Receipt <u>4-21-05</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	30.00	50.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>JOE LILLY</u> Address: <u>38225 CHERWOOD DR, TROY MI 48063</u> 4. Date of Receipt <u>4-21-05</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	75.00	75.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>MARK ZERIAL</u> Address: <u>11730 SAN JOSE, REDFORD, MI 48239</u> 4. Date of Receipt <u>4-22-05</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	60.00	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		240.00	510.00

Page

of

24

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: KAROL OKDIE Address: 26082 AMHERST, DEARBORN HTS MI 48125 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 4-22-05	50.00	70.00
3. Contribution # 2 Name: BENNETT BORSUK Address: 1940 LINDSEY LAKE, ANN ARBOR, MI 48106 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 4-22-05	60.00	100.00
3. Contribution # 3 Name: MARK HOSLUND Address: 21106 LITTLESTONE, HARPERWOODS MI 48025 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 4-24-05	65.00	85.00
3. Contribution # 4 Name: TED LAMBIRIS Address: 30839 BROOK ST, MADISON HTS MI 48071 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 4-25-05	75.00	95.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		250.00	760.00

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line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-25-05</u> Name: <u>John Wius</u> Address: <u>8702 ALWARD DR STEERING HTS MI 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		75 ⁰⁰	75 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-25-05</u> Name: <u>NANCY KLATZKE</u> Address: <u>7753 GRATIOT, COLUMBUS, MI 48063</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	100 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-18-05</u> Name: <u>SUSAN REDMOND</u> Address: <u>58298 CULPEPPER, WASHINGTON, MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		75 ⁰⁰	75 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-19-05</u> Name: <u>DORENE POKO</u> Address: <u>58298 CULPEPPER, WASHINGTON, MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		60 ⁰⁰	60 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		310 ⁰⁰	1070 ⁰⁰

Page 4 of 4

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name

137569
CTE Brian White

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Brian White</u> Address: <u>2187 KOPER DR</u> <u>STERLING HILLS MI 48310</u> If over \$100.00 cumulative, please provide: Occupation: <u>ACCOUNTANT</u> Employer: <u>RAINBOW CHILD DEVELOP.</u> Business Address: <u>17500 W. 11 MILE</u> <u>LATHRUP VILLAGE</u> <u>MI 48076</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>SIGNS</u> 5. Date Of Receipt: <u>4-18-05</u> 6. Vendor Name & Address: <u>SKY PROMOTIONS</u> <u>1940 LINDSEY LANE</u> <u>ANN ARBOR, MI 48104</u>	67975	90337
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

67975
67975

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

137569

2. Committee Name

CTE Brian White

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name SKY PROMOTIONS Address 1940 LINSAY LANE ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>PROMOTIONAL ITEMS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4-18-05	1057. ⁶⁰
Expenditure #2 Name MASS MAILING Address PO Box 1299 STERLING HILLS MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		119.17
Expenditure #3 Name MASS MAILING Address PO Box 1299 STERLING HILLS MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		119.17
Expenditure #4 Name MASS MAILING Address PO Box 1299 STERLING HILLS MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		128.44
Expenditure #5 Name MASS MAILING Address PO Box 1299 STERLING HILLS MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		109.23

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1533.60

1533.60

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

137569

2. Committee Name

CTE Brian White

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name: TEAM TELECOM Address: 116 1/2 BAILEY ST EAST LANSING MI 48823 <input type="checkbox"/> Fund Raiser	Purpose: PHONE CALLING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4-27-05	480.00
Expenditure #2 Name: COMERICA BANK Address: DETROIT, MI <input type="checkbox"/> Fund Raiser	Purpose: SERVICE CHARGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4-18-05	12.00
Expenditure #3 Name: Address: <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name: Address: <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name: Address: <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

492.00
2025.61
Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

This Schedule itemizes:

- a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Brian White</u> <u>2187 Kaper Dr</u> <u>Exeterling Hts MI 48310</u>	4. Type: <u>SIGNS</u> 5. <u>Date Debt Was Incurred:</u> <u>4-18-05</u> 6. <u>Original Amount of Debt:</u> <u>\$ 679.75</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$ 0</u>	<u>\$ 679.75</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$</u>	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$</u>	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

679.75
679.75

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 1